

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC			FEC IDENTIFICATION NUMBER ▼ C C00559906		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Cumulus Meida - CO			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 6808 Corporate Drive.			Amount 9360.00		
City Colorado Springs	State CO	Zip Code 81919	Transaction ID : SE.4699		
Purpose of Expenditure Media Purchase		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2016		
Name of Federal Candidate BENNET, MICHAEL F, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought 9360.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee iHeart Media - CO			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 2864 S. Circle Dr. Suite 300			Amount 112608.00		
City Colorado Springs	State CO	Zip Code 80906	Transaction ID : SE.4692		
Purpose of Expenditure Media Purchase		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate BENNET, MICHAEL F, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u>		
Calendar Year-To-Date Per Election for Office Sought 112608.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121968.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Donelson, Tom, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 14 / 2016	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MBC Grand Broadcasting			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 1360 E. Sherwood Dr.			Amount 7488.00		
City Grand Junction	State CO	Zip Code 81501	Transaction ID : SE.4700		
Purpose of Expenditure Media Purchase		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2016		
Name of Federal Candidate BENNET, MICHAEL F, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		245072.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7488.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	129456.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donelson, Tom, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 14 / 2016

Signature